UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/UZB/1
30 July 1999

ORIGINAL: ENGLISH

Third regular session 1999
13 - 17 September 1999, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Uzbekistan

Proposed UNFPA assistance:	$ 7.5 million, $6.0 from regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	First
Category per decision 96/15:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.2	1.3	5.5
Population and development strategies	0.8	0.2	1.0
Advocacy	0.5	-	0.5
Programme coordination and assistance	0.5	-	0.5
Total	6.0	1.5	7.5

UZBEKISTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	98	≥60
Contraceptive prevalence rate (15-44) (%)[1]	56	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[2]	44	≤50
Maternal mortality ratio (/100,000)[3]	55	≤100
Gross female enrolment rate at primary level (%)[3]	83	≥75
Adult female literacy rate(%)	--	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1]Institute of Obstetrics and Gynecology (Uzbekistan) and Macro International Inc., *Uzbekistan Demographic and Health Survey, 1996*, Calverton, Maryland: Institute of Obstetrics and Gynecology and Macro International Inc., 1997.
[2]Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World PopulationProspects: The 1998 Revision*.
[3]United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997.
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	24 318	Annual population growth rate (%)	1.57
Population in year 2015 (000)	29 883	Urban	2.71
Sex ratio (/100 females)	98.7	Rural	1.14
Per cent urban	41	Total fertility rate (/woman)	3.45
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	37.5	Males	64.3
Youth (15-24)	19.7	Females	70.7
Ages 60+	6.9	Both sexes	67.5
		GNP per capita (U.S. dollars, 1997)	1,020

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision; Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects:The 1996 Revision; GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period of 2000-2004 to assist the Government of Uzbekistan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.5 million, of which $6.0 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible consistent with the Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's first programme of assistance to Uzbekistan. Assistance was earlier provided to Uzbekistan under a subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the priorities of the Government as set out in the "Healthy Generations" and "Healthy Mother-Healthy Child" programmes and sectoral policies in health and education. It is based on the recommendations of the UNFPA Country Population Assessment (CPA), conducted in 1998 under the leadership of a national steering committee with the assistance of a team of national experts and UNFPA Country Support Team (CST) advisers. The programme cycle is harmonized with the cycle of UNICEF and UNFPA will collaborate with other United Nations Development Group (UNDG) partners in completing the Common Country Assessment and preparing the United Nations Development Assistance Framework towards the end of the programme cycle.

3. As early as the 1970s, the Government of Uzbekistan advocated the use of modern contraception for child-spacing as a means of improving maternal and child health. This priority contributed to the prominence of population issues in the country's development agenda. The creation of high-level positions and committees on public health, women, the protection of motherhood and childhood, education and social problems attests to this policy commitment, which is guided by the view that population policies and strategies should be a means of improving maternal and child health rather than serving purely demographic objectives. In the context of the reform of the primary health care system, the Government has given high priority to promoting reproductive health, specifically of women. The major objectives of the national "Healthy Generations" and "Healthy Mother-Healthy Child" programmes are to promote low-risk pregnancy and safe motherhood; to reduce pregnancy-related complications; and to strengthen family planning, including intensive education of the population and the provision of contraceptives throughout the country.

4. The goal of the proposed programme would be to contribute to the enhanced quality of life of the people of Uzbekistan through improvements in reproductive health status; the promotion of reproductive rights, gender equity and equality; and the achievement of a sustainable balance between population, resources and environment within the overall context of the national "Healthy Generations" programme. The proposed programme would be implemented through subprogrammes in reproductive health, population and development strategies, and advocacy.

Gender and information, education and communication (IEC) activities would be integrated into the three subprogrammes.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background[1]

6. Uzbekistan had an estimated 1998 mid-year population of 23.9 million. About 38 per cent of the population lives in urban areas, and there is wide variation in the density of population settlements, with very low levels in arid and semi-arid areas. The annual growth rate is 1.8 per cent, and the population is projected to double by the year 2038. Previous high fertility has left Uzbekistan with a young age structure, with 43 per cent under 16 years of age.

7. Fertility has declined substantially over the past seven years. The Demographic and Health Survey (DHS), conducted in 1996, records a total fertility rate (TFR) of 3.3 children per woman (a rural TFR of 3.7, one child more than the urban TFR of 2.7). According to official 1997 data, 8 per cent of women aged 17-19 years had given birth; most young women know about modern contraception, although usage is very low. The DHS reports that knowledge of contraception is widespread, with 89 per cent of women knowing one method of modern contraception. Among married women, 51 per cent are currently using a modern method, primarily the intra-uterine device (IUD). Among currently married non-users, 43 per cent report their intention to use contraception. While contraceptive prevalence has reached moderate levels, there is little choice in methods of family planning, and recourse to abortion as a means of fertility regulation remains common. Maternal mortality still includes a large number of preventable deaths.

8. Infant mortality levels declined from 35.5 per 1,000 live births in 1991 to 22.3 in 1997. Maternal health improved over this period, as shown by a decline in the maternal mortality ratio (MMR) from 65.3 per 100,000 live births in 1991 to 25.8 in 1997. The MMR is higher than expected (39.6 in 1996) in the urban area of Tashkent. Among the causes of maternal death, the most common is haemorrhage (34 per cent), followed by hypertensive disorders and sepsis. In recent years, there have been no reported maternal deaths due to abortion. Abortion levels in 1997 fell to less than half the figure reported in 1992, from 89,215 to 38,433. Among abortion patients, 88 per cent were not using contraception when they became pregnant.

---

[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health and may vary from data in the fact sheet.*

9. Literacy is almost universal, and there are high levels of education for both sexes, although women have high drop-out levels from secondary education. The Constitution, Family Code, Labour Code and related laws give major support to the rights of women. However, unemployment is more common among women, and the cost of benefits for social services reduces the chances of employers hiring women. Women are seldom elected to high political office, and family pressures limit the independence of women in key reproductive decisions.

Previous UNFPA assistance

10. Prior to the current subregional programme, UNFPA provided emergency assistance to Uzbekistan for the procurement of contraceptives and related training. Following a programme development mission in May 1994, projects were formulated for a total of about $4.0 million. The projects aimed at improving the quality of reproductive health services through the training of health staff, the upgrading of health facilities and the provision of basic medical equipment and contraceptive commodities; assistance was provided in the context of the "Healthy Generations" programme in the oblasts (provinces) of Sukhandarya and Kashkadarya. Technical assistance was also provided for the preparation of the 1999 population census through the United Nations Statistics Division. Strengthening of IEC and community outreach was another important component of the assistance provided. Teaching materials on sexual and reproductive health were developed for integration into the curricula for grade 10 and 11 students. Contributions were made to the advancement of the status of women through collaboration with UNDP on a project to train women in income-generating skills and to provide them with education on reproductive health and family planning issues.

11. Overall, project activities resulted in a significant increase of interest in the national implementation of the ICPD agenda and commitment to expanding the contraceptive method mix. Among the lessons learned is the importance of strengthening national execution capacity at each level of government, from village to oblast and to central authorities. Strengthening community participation and local leadership is an essential component of capacity-building and should embrace the governmental and non-governmental sector in order to achieve a sustainable and cost-effective social infrastructure. The end-of-programme evaluation recommended that a community-based distribution programme for contraceptives be developed in conjunction with reproductive health centres in selected pilot areas.

12. As one of the first international organizations to provide support to the national population and development programme, UNFPA has accumulated considerable experience with key reproductive health issues in the country, including the need to promote modern methods of contraception, child-spacing as a means of improving maternal and child health, and meeting adolescent reproductive health needs. The Fund has established a productive relationship with the Government, which contributes considerably to mainstreaming proposed population assistance within the national development context.

Other external assistance

13. Several multilateral and bilateral donors have provided assistance for the health and population sectors. The World Bank is to sign a loan agreement of $30 million to support the health-care system development programme. The European Union is providing technical assistance in the amount of $31 million. Other significant donors are Japan, the United Kingdom and the United States of America. The United States Agency for International Development (USAID) is supporting a Reproductive Health Services Expansion Program, which includes support for policy initiatives to improve reproductive health services, particularly in the private sector. The British Know How Fund is supporting the establishment of general practitioner training under a postgraduate programme at all six medical faculties. The Government of Germany provided funding for the procurement of contraceptive supplies. Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), which is working in the Tashkent and Namangana oblasts, has provided assistance in the area of reproductive health. The Government of Finland provided support for the census. The World Health Organization (WHO) has provided training inputs in maternal and child health and family planning in two pilot districts, Andijan and Karakalpakstan, and trained nurses. UNICEF has supported an Anaemia Prevention and Control Programme and is promoting the Mother-Baby Package for the provision of essential maternal and neonatal care.

Proposed programme

14. The goal of the proposed programme is noted in paragraph 4. The main strategy of the proposed programme would be to collaborate with other donors to achieve cost-effective integration of high-quality reproductive health services in a reformed health-care system and to develop the national capacity to formulate and implement a comprehensive communication plan that provides accurate reproductive health information and mobilizes community leaders and other influential persons as advocates in support of reproductive health and reproductive rights. Simultaneously, the proposed programme would strengthen population data collection, analysis and research capacities.

15. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to achieve increased utilization of quality reproductive health services by men, women and adolescents of reproductive age. Three outputs in the areas of service management and delivery, IEC and community-based services, and logistic management and commodity distribution are expected to contribute to achieving this purpose.

16. The CPA identified a series of concerns regarding the reproductive health services being provided in the country, such as the low status of the primary care physician, overreliance on the IUD and female sterilization, inadequate counselling, target-setting and poor application of medical standards. The proposed subprogramme would give special attention to addressing these concerns.

17. The first expected output of the subprogramme would be strengthened operations of a cost-efficient network of reproductive health services, achieved through collaboration with other donors active in the state health system development programme, and the establishment of required management capacities at all levels of the health system in selected regions, including pilot oblasts for health system reforms.

18. The proposed programme would support government efforts to renovate and strengthen selected primary health care centres with reproductive health equipment and supplies. It would also support training and the development of clinical training facilities to improve provider competence; quality-of-care improvements in selected regions, including through the establishment of adolescent health clinics equipped to provide reproductive health counselling and services for adolescents; and the establishment of reproductive health counselling and services for military conscripts. The operational application of findings from sociocultural research would further enhance programme effectiveness.

19. The proposed programme would assist the reform process by providing management training for government and non-governmental organization (NGO) service providers at all levels of the health-care system and by instituting an effective monitoring and supervision system. The proposed programme would provide for quality-of-care training to different types of medical and paramedical personnel.

20. The second expected output would be improved knowledge and awareness of reproductive health and reproductive rights, including family planning and sexual health among young people, particularly men. The adolescent age group has important and specific reproductive health needs. The incidence of about 7 per cent of reported abortions among adolescents in 1998 indicates a need for reproductive health education and access to contraception for young people. Activities to achieve this output would include the formulation of a comprehensive IEC strategy for reproductive health with special emphasis on adolescents and men. The strategy would focus on involving the military, youth clubs, health education camps and local councils and would address occupational groups that are predominantly male, such as the police and oil and gas workers. Reproductive health education would be incorporated in the school curricula at all levels. Client information would be developed and distributed to promote individual reproductive rights and informed contraceptive choice through rural primary health centres, local NGOs and local community organizations and continued training and education of service providers.

21. The third expected output of the subprogramme would be improvements in the supply and distribution of a balanced mix of modern contraceptive methods. With increasing reliance on a wider range of contraceptives, more sophisticated logistics management would be required. Logistics management information systems to ensure the registration, procurement, and supply of quality drugs for reproductive health, including contraceptives, need to be strengthened. This activity would take place in accordance with the recommendations of the Contraceptive Requirements and Logistics Management Needs Study conducted earlier in 1999 as part of the UNFPA Global Initiative.

22. Successful implementation of this subprogramme would depend on effective coordination between the Government, United Nations organizations and agencies and other agencies on issues such as the supply of contraceptives, training and the development of a comprehensive IEC strategy. Its sustainability would depend largely on the extent to which the proposed assistance would be mainstreamed within the national health system development programme. Therefore, it relies on the Government's continued consensus to give priority to reproductive health as part of the PHC system.

23. The amount of $5.5 million would be allocated to this subprogramme, $1.3 million of which would be sought from multi-bilateral and/or other sources. Discussions would be held with, inter alia, USAID, the British Know How Fund and GTZ to explore the possibility of co-funding some of the activities under the proposed country programme.

24. Population and development strategies subprogramme. The purpose of the population and development strategies subprogramme would be to contribute to the effective formulation of integrated and comprehensive population and development policies that clearly reflect reproductive health and gender concerns. Towards that end, policy makers would require updated information on reproductive health; and existing institutions involved in demographic research and studies would need to be strengthened in the use of new techniques and methodologies for data collection and analysis.

25. Given these priorities, the subprogramme would aim to strengthen the technical and institutional capacity of the State Committee on Forecasting and Statistics to coordinate the collection and analysis of population and health data and to collaborate with a network of research institutions capable of covering the research and monitoring needs of the national population programme.

26. Another output of the proposed subprogramme would be the enhancement of the University of Tashkent's capacity to provide training and to undertake population and sociocultural research through qualitative and quantitative methodologies. The Laboratory of Demographic Research at Tashkent University would be one of the centres with the potential to function as a regional resource centre for training and research in population and development. A long-term technical backstopping plan for achieving such regional capacity would include the establishment of an exchange programme with similar institutions in the region, in addition to the assistance provided through the UNFPA CST or other experts.

27. A total of $1.0 million would be allocated to this subprogramme, of which $0.2 million would be sought from multi-bilateral and/or other sources.

28. Advocacy subprogramme. The purpose of this subprogramme would be to contribute to increased political and community support for health reforms, reproductive health, reproductive rights and gender issues. The CPA and the end-of programme evaluation identified several issues as needing strategic advocacy attention, for example, the declining age at marriage, which will have

a negative impact on the number of girls enrolled in secondary schools and higher levels; traditional family size preferences, especially in rural areas; abortion as a preferred method of regulating fertility of a large proportion of urban women; increasing fertility among adolescents; and the low practice of family planning among young women. Also, it is becoming increasingly important for policy and decision makers, including influential women leaders and institutions, to actively support women's empowerment and the improvement of their economic and social status.

29. The subprogramme would be designed to focus on achieving an increased level of support from the Majlis (Parliament) and the Makhallas (local self-government units) for the implementation of the ICPD Programme of Action, with special attention to the reproductive health needs of adolescents. The legislative and judicial authorities at all levels would be instrumental in bringing about social change and health reforms. The Makhallas are important community institutions through which the State provides social assistance to low-income families. Their support would be important for making sexuality education in the schools acceptable to teachers and parents. This output is expected to broaden the communities' understanding of reproductive health and involve Makhallas as advocates for gender equality and equity and reproductive rights. It is also aimed at increasing the responsibilities of men in reproductive health. Decisions on family size and women's health are usually made by husbands or in-laws; hence, men need to understand and associate contraceptive use with protection of their personal health and that of their families.

30. Another output of this subprogramme would be the strengthened advocacy capacity of key policy makers and political leaders at the national level in order to achieve gender equity, high-quality reproductive health services and informed choice for each individual. Activities to be supported include sensitization workshops and seminars for key policy makers, political leaders and legislators at the national and regional level, and collaboration with semi-governmental women and youth organizations to become key advocates for improving the status of women and adolescent girls.

31. Building on the successful experience of the subregional programme, it is proposed to enhance the role of the mass media for advocating population, development and gender issues in Uzbekistan. The high levels of literacy, wide availability of television and radio communication, and an openness on the part of leaders and the public to high-quality information provide a favourable climate for the use of these media. The advocacy value of these efforts may be further improved by conducting seminars and training workshops to upgrade the knowledge and skills of mass media staff on reproductive health and gender issues. An expected outcome of these awareness-raising interventions would be a critical mass of knowledgeable influential persons who would publicly support gender concerns and actively promote improved reproductive health services and informed contraceptive choice.

32. The amount of $0.5 million from regular resources would be allocated to this subprogramme.

Programme implementation, coordination, monitoring and evaluation

33. A limited number of donor agencies are providing assistance in the health sector, but it is a matter of concern that there has been little coordination among them. Arrangements for the execution of the proposed programme would seek to ensure coordination among component projects within the programme as well as with the programmes of other donors.

34. It is important for UNFPA to assist in building the capacity for programme and project management within the Ministry of Health. Personnel involved in coordination should become capable of functioning as facilitators within the Ministry as well as coordinators among the Ministry, United Nations organizations and agencies and other donors. It is proposed that UNFPA support regular meetings of all donors working in reproductive health to exchange information and coordinate activities.

35. For the programme to move towards increased national execution would require the assistance of national project coordinators and other project personnel. These project staff would provide programme and financial management support and assist in monitoring and evaluating the implementation of the country programme. As needed, technical assistance would be made available from local and international resources, including technical backstopping assistance from the UNFPA CST.

36. The UNFPA country office in Uzbekistan is headed by a Representative who is also responsible for the programmes in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan. The office has, in addition, a National Programme Officer and General Service staff. Currently, the office also has the services of a junior professional officer. Training would be provided to all programme and project staff on such topics as UNFPA programme policies and procedures, programme management and accountability, NGO capacity-building, gender equity and equality and other key concepts of the ICPD Programme of Action.

37. The execution of the subregional programme through international NGOs and United Nations agencies has made available a considerable range of expertise to the different government agencies involved, as in logistics management, contraceptive technology, innovative community outreach and IEC. Under the proposed programme, national execution would be expanded, with continuing reliance on United Nations agencies and international NGOs for the provision of technical assistance in highly specialized programme areas. Government participating agencies would include, in addition to the relevant State Committees, the Ministry of Health, the Ministry of Education, the Ministry of Local Government, the State Statistical Agency, the Ministry of Defense, the National Radio and Television Committee and the University of Tashkent. To expand outreach, especially to adolescents and men, the programme would also involve semi-governmental women and youth organizations and selected grass-roots NGOs working in reproductive health-related areas.

38. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The collection of baseline data at the start of the programme and the use of the logical framework approach in the UNFPA programming process would permit an assessment of results at mid-term and an evaluation at the end of the cycle. Regular project site visits and annual programme meetings would include programme and subprogramme reviews. The mid-term review would be held in 2002 and would assess overall progress and adequacy of the strategies and activities; this review may result in the adoption of programme adjustments for the remainder of the cycle. The end-of-programme evaluation would be organized in late 2003 or early 2004.

39. Under the proposed programme for Uzbekistan, the amount of $0.5 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

40. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Uzbekistan, as presented above, in the amount of $7.5 million for the period 2000-2004, $6.0 million of which would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

*****